



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 9406**
Hisashi INOUE et al. : Docket No. 2000_1451A
Serial No. 09/716,221 : Group Art Unit 2136
Filed November 21, 2000 : Examiner P. Parthasarathy

APPARATUS AND METHOD FOR EMBEDDING **Mail Stop: Amendment**
INFORMATION FOR TAMPER DETECTION
AND DETECTING TAMPER AND RECORDING
MEDIUM HAVING PROGRAM FOR CARRYING
OUT THE METHOD RECORDED THEREON

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of June 28, 2005, please amend the above-referenced
U.S. patent application as follows:

09/27/2005 SZEWDIE1 00000184 09716221

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400.00 DP



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PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$400.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Independent \$400.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hisashi INOUE et al.

By Kenneth W. Fields
Kenneth W. Fields
Registration No. 52,430
Attorney for Applicants

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September 26, 2005

[Check No. 70841]

2000_1451A



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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 25 = \$)	or	(\$50 = \$)
Indep. Claims exceeding 3 (not already paid for): 2 x	(\$100 = \$)	or	(\$200 = \$400.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$400.00</u>

☐ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which

☐ is enclosed or

☐ has been previously submitted.

☒ A check in the amount of \$400.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Hisashi INOUE et al.

By Kenneth W. Fields

Kenneth W. Fields

Registration No. 52,430

Attorney for Applicants

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September 26, 2005